Health Priority: Mental Health and Mental Disorders
Objective 1: Screening and Referral

Long-term (2010) Subcommittee Outcome Objective: By 2010, key systems, providers and agencies will incorporate questions to screen for mental health problems into general routine screenings/intake, and refer persons with possible mental health problems to treatment as needed.

Budget/Policy and General

INPUTS	OUTPUTS		OUTCOMES		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Designated state staff Partner system representatives Fiscal support Investment of time Distance learning technologies Secure consultation, technical support and resource support	A mental health workgroup will be formed to oversee the implementation of all the Mental Health and Mental Disorders Subcommittee objectives. The mental health work-group will meet at least 4-6 times to develop a Partner-ship Plan and oversee its implementation. The partnership plan will identify how the partner systems will work together to achieve the objectives.	• Consumers/Family members across the life span • Education • Corrections: jails/prisons • Health care, health maintenance organizations, primary care providers • Social Services, Aging • Tribes • Child care and early childhood • Local health departments • Local mental health agencies and organizations • County and other public • organizations • Wisconsin Department of Health and Family Services • Legislature • Statewide professional organizations: WI Health and Hospital Association; • WI Primary Health Care Association; WI Nurses Association; WI Medical Society; WI Public Health Association)	By June 1, 2003, a mental health screening workgroup will be established with the goal to engage partner systems in the change process and motivate partner systems towards commitment to collaborate in screening and referral for mental health disorders, with particular attention to the use of screening tools that meet standards of cultural competency. By April 2004, the mental health workgroup will be formed to oversee the implementation of all mental health and mental disorders subcommittee objectives and will provide recommendations for the 2005-2007 Biennial Budget on statutory language changes needed to start screening for mental disorders in partner systems.	By December 31, 2005, necessary statutory language changes or biennial budget items needed to implement universal and culturally competent mental health screening in educational, corrections and primary care settings will have been approved by the legislature.	By December 31, 2008, 100% of primary care providers (physicians/ clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment. By December 31, 2009, 100% of educational, child care and early childhood facilities will have incorporated mental health screening into their routine procedures for health screening and assessment.

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Screening

INPUTS	OUTPUTS		OUTCOMES		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Designated state staff Partner system representatives Fiscal support Investment of time Distance learning technologies Secure consultation, technical support and resource support	An expert panel will be convened to identify a variety of valid screening tools for mental disorders that can be utilized by the partner systems. The expert panel will have completed its work. Each partner system will have identified key personnel for instituting change. Pilot testing of preferred screening tools will occur in each partner system. The results of the pilot testing will be evaluated. Each partner system will identify its training needs to ensure that appropriate staff can administer screening tools.	• Consumers/Family members across the life span • Education • Corrections: jails/prisons • Health Care – health maintenance organizations, primary care • Social Services, Aging • Tribes • Child care and early childhood • Local health departments • Local mental health agencies • and organizations • County and other public • Organizations • Wisconsin Department of Health and Family Services • Legislature • Statewide professional organizations (e.g., WI Health and Hospital Assn., WI Primary Health Care Assn., WI Nurses Assn., WI Medical Society, WI Public Health Assn.)	By May 1, 2003, an expert panel will identify a variety of valid mental health screening tools that could be used by collaborating partner systems. By July 1, 2003, key partner system personnel will be identified and educated about the available screening tools identified by the expert panel. By November 1, 2003, each partner system will have selected one or more screening tools to address specific targeted population needs. By May 2004, key screening staff in each partner system will have been offered at least one training opportunity to increase their awareness about mental health screening and the prevalence of mental disorders in specific populations served.	By February 2005, each partner system will be committed to using the selected screening tools and processes. By May 2005, each partner system will have adopted use of mental health screening as a formal policy/practice. By November 1, 2005, appropriate partner system staff will have been trained and will be knowledgeable and able to conduct mental health screenings. By December 31, 2006, 100% of individuals admitted to correctional facilities (jails, prisons and juvenile corrections) will be screened for mental disorders. By December 31, 2006, 100% of local health departments will have incorporated	By December 31, 2008, 100% of primary care providers physicians/ clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment. By December 31, 2009, 100% of educational, child care and early childhood facilities will have incor-porated mental health screening into their routine procedures for health screening and assessment.

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Long-term (2010) Subcommittee Outcome Objective: By 2010, key systems, providers and agencies will incorporate questions to screen for mental health problems into general routine screenings/intake, and refer persons with possible mental health problems to treatment as needed.

***Screening* (continued)**

INPUTS	OUTPUTS		OUTCOMES		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
			By May 2004, the Mental Health Workgroup will obtain feedback on the viability of mental health screening in each partner system.	mental health screening into their routine procedures for health screening and assessment. By December 31, 2007, 100% of individuals entering social services will be screened for mental disorders. By December 31, 2007, 100% of individuals in identified programs for the elderly will be screened for mental disorders.	

Health Priority: Mental Health and Mental Disorders
Objective 1: Screening and Referral

Long-term (2010) Subcommittee Outcome Objective: By 2010, key systems, providers and agencies will incorporate questions to screen for mental health problems into general routine screenings/intake, and refer persons with possible mental health problems to treatment as needed.

Referrals

INPUTS	OUTPUTS		OUTCOMES		
	Activities	**Participation/Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Designated state staff Partner system representatives Fiscal support Investment of time Distance learning technologies Secure consultation, technical support and resource support	Each partner system will have a list of referral sources appropriate for its population. Each partner system will have developed or revised referral procedures. Appropriate staff in each partner system will have been trained on referral procedures.	▪ Consumers/Family members across the lifespan ▪ Education ▪ Corrections - jails/ prisons ▪ Health Care-health maintenance organizations, primary care ▪ Social Services ▪ Aging ▪ Child care and early childhood ▪ Local health departments ▪ Local mental health agencies and organizations ▪ County and other public organizations ▪ Wisconsin Department of Health and Family Services ▪ Legislature ▪ Statewide professional organizations (e.g., WI Health and Hospital Assn., WI Primary Health Care Assn., WI Nurses Assn., WI Medical Society, WI Public Health Assn.)	By June 2003, key personnel in each partner system will be familiar with referral sources for adults/children who may be in need of mental health assessment or treatment. By July 2003, each partner system will identify needed changes in referral procedures. By December 2003, each partner system will complete a list of referral sources for adults/children who may be in need of mental health assessment or treatment. By December 2003, referral procedures will have been developed or modified, as necessary.	By November 1, 2005, all partner system professionals will have knowledge of referral sources and procedures pertinent to their system. By January 1, 2006, all partner system staff will utilize referral procedures when screening identifies possible presence of a mental disorder.	By December 31, 2008, 100% of primary care providers (physicians/ clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment. By December 31, 2009, 100% of educational, child care and early childhood facilities will have incorporated mental health screening into their routine procedures for health screening and assessment

Health Priority: Mental Health and Mental Disorders
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Professional Education/Training

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Designated state staff Partner system representatives Fiscal support Investment of time Distance learning technologies Secure consulta-tion, technical support and resource support	A number of professional schools will have planned to incorporate mental health screening into their curricula.	▪ Consumers/Family members across the lifespan ▪ Education ▪ Corrections - jails/ prisons ▪ Health Care-health maintenance organizations, primary care ▪ Social Services ▪ Aging ▪ Child care and early childhood ▪ Local health departments ▪ Local mental health agencies and organizations ▪ County and other public organizations ▪ Wisconsin Department of Health and Family Services ▪ Legislature ▪ Statewide professional organizations (e.g., WI Health and Hospital Assn., WI Primary Health Care Assn., WI Nurses Assn., WI Medical Society, WI Public Health Assn.)		By September 2005, training on culturally competent mental health screening curriculum will be included in professional school curricula. By June 2006, health career students will become know-ledgeable about use of mental health screening tools. By June 2007, students will use mental health screening tools when they attain professional status.	By December 31, 2008, 100% of primary care providers (physicians/ clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment. By December 31, 2009, 100% of educational, child care and early childhood facilities will have incorporated mental health screening into their routine procedures for health screening and assessment

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Wisconsin Department of Health and Family Services Contractors

INPUTS	OUTPUTS		OUTCOMES		
	Activities	**Participation/Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Designated state staff Partner system representatives Fiscal support Investment of time Distance learning technologies Secure consultation, technical support and resource support	Contract language will be added to new Wisconsin Department of Health and Family Services contracts requiring mental health screening.	▪ Consumers/Family members across the lifespan ▪ Education ▪ Corrections - jails/ prisons ▪ Health Care-health maintenance organizations, primary care ▪ Social Services ▪ Aging ▪ Child care and early childhood ▪ Local health departments ▪ Local mental health agencies and organizations ▪ County and other public organizations ▪ Wisconsin Department of Health and Family Services ▪ Legislature ▪ Statewide professional organizations (e.g., WI Health and Hospital Assn., WI Primary Health Care Assn., WI Nurses Assn., WI Medical Society, WI Public Health Assn.)	By July 2004, Wisconsin Department of Health and Family Services contractors will be informed and educated about new contract requirements for mental health screening. These will include: local health departments, primary health care providers, Medicaid providers (fee-for-service and Medicaid health maintenance organizations), agencies covered under the state/county contract, state grantee agencies. By July 2004, necessary changes will be made to administrative code to support required mental health screening (e.g., HFS 75).	By January 2005, individuals of all ages entering programs covered by identified state contracts will be screened for mental disorders.	By December 31, 2008, 100% of primary care providers (physicians/ clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment. By December 31, 2009, 100% of educational, child care and early childhood facilities will have incorporated mental health screening into their routine procedures for health screening and assessment

Health Priority: Mental Health and Mental Disorders
Objective 1: Screening and Referral

Long-term (2010) Subcommittee Outcome Objective:
By 2010, key systems, providers and agencies will incorporate questions to screen for mental health problems into general routine screenings/intake, and refer persons with possible mental health problems to treatment as needed.

- The key systems include education (K – 12 and higher education), corrections (jails and prisons for youth and adults), health care (health maintenance organizations, public health, primary care), social services (child welfare, W2), aging, child care and early childhood.

- Priority Rankings - The mental health/mental disorders subcommittee brainstormed a list of 86 potential objectives. These were initially narrowed down to eleven. Two of the eleven related to screening: (1) to include mental health screening into all health care evaluations and (2) screen and serve children having difficulties in childcare and school for emotional problems. A third objective addressed correctional options. These issues were combined to form the 10 year long-term outcome objective identified above.

- Achieving this 10 year outcome objective will contribute to the shared vision of the public health system of *healthy people in healthy Wisconsin communities* as demonstrated in (a) a more healthy Wisconsin population, (b) a more productive population, (c) reduced suicides across the life span, and (d) improved family relationships.

Wisconsin Baseline	**Wisconsin Sources and Year**
None, this is a developmental objective.	Not applicable.

Federal/National Baseline	**Federal/National Sources and Year**
None, this is a developmental objective.	Not applicable.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
18 – Mental Health and Mental Disorders	Improve mental health and ensure access to appropriate, quality mental health services.	18-6	(Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment.
		18-8	Increase the proportion of juvenile justice facilities that screen new admissions for mental health problems.

Definitions	
Term	**Definition**
Consumer	A person of any age who has received or currently is receiving mental health services.

Definitions	
Term	**Definition**
Screening	The administration of one or more assessment tools to identify persons in need of more in-depth evaluation or treatment.
Screening Tool	Those instruments and techniques (questionnaires, check lists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems.
Referral	The process of assisting an individual to obtain services from a health professional who can assess and treat, if necessary, a suspected health condition.
Assessment	The process used to evaluate an individual's presenting problems with an accompanying description of the reported or observed conditions which led to the classification or diagnosis of the individual's illness.
Psychotropic medications	An anti-psychotic, an antidepressant, lithium carbonate or a tranquilizer or any other drug used to treat, manage, or control psychiatric symptoms.
Partner systems	Service systems combining to work on increased screening in order to improve identification and referral of individuals who may be experiencing mental disorders. These include education, corrections, health care, social services, aging, child care, and early childhood.
Professional schools	Schools of advanced education for health care professionals. These might include, but are not limited to, schools of nursing, social work, medicine and psychology.

Rationale:

Need

The impact of untreated mental illness on a wide range of public and private systems is demonstrated by the following statistics:

- A recent report by Wisconsin's Legislative Audit Bureau noted that almost 20 percent of adults in the State's corrections system were taking psychotropic medications, an indication of the presence of a mental disorder (1).
- Twenty to 25 percent of the single adult homeless population have a serious mental illness (2).
- Children with serious emotional disturbance have the lowest high school completion rate among children with disabilities. Studies have found completion rates ranging from 23 to 61 percent (3).
- Suicide is the second leading cause of death for young people aged 15-24; suicide rates are highest among persons aged 65 years and older (4). The state suicide rate is three times higher than its homicide rate (5).
- Up to 50 percent of visits to primary care physicians are believed to be associated with or a consequence of a mental illness (6).

However, despite the impact of untreated mental illness, efforts to screen and identify mental illness are either inadequate or not well coordinated. Additionally, when screening does occur, adequate and appropriate referral mechanisms may not be in place to ensure that individuals identified as possibly experiencing a mental disorder are assessed by qualified practitioners and receive needed services. (7)

The U.S. Surgeon General in his 1999 report on mental health (8) touches repeatedly on this issue of appropriate identification of mental disorders. Two examples relevant to this discussion include:

> A sensible approach to suicide prevention that needs further study is to systematically screen 15- to19-year-olds. Youth identified in this way should be referred for evaluation and, if necessary, treatment (9).
>
> Primary care providers carry much of the burden for diagnosis of mental disorders in older adults. Unfortunately, the rates at which they recognize and properly identify disorders often are low. In one study of primary care physicians, only 55 percent of internists felt confident in diagnosing depression, and even fewer (35 percent of the total) felt confident in prescribing antidepressants to older persons (10).

The Surgeon General's vision for the future recognizes the need to use a variety of public and private agencies as "portals of entry" to mental health care. Among the systems he lists are primary health care, schools, child welfare, adult and juvenile corrections and faith-based organizations (11).

Fortunately, this need to increase screening is accompanied by a wealth of potential tools for use. Through the subcommittee process alone, reports were identified that covered screening children in pediatric care settings (12), screens specifically for use by primary care physicians (13), screening Temporary Assistance to Needy Families recipients (14), and screening for women experiencing post-partum depression (15). Other tools can be identified through expert consultation and literature reviews.

Outcomes:

Short-term Outcome Objectives (2002-2004)

- By June 1, 2003, a mental health screening workgroup will be established with the goal to engage partner systems in the change process and motivate partner systems towards commitment to collaborate in screening and referral for mental health disorders, with particular attention to the use of screening tools that meet standards of cultural competency.

<u>Budget/Policy</u>

- By April 2004, the mental health workgroup will be formed to oversee the implementation of all mental health and mental disorders subcommittee objectives and will provide recommendations for the 2005-2007 Biennial Budget on statutory language changes needed to start screening for mental disorders in partner systems.

<u>Screening</u>

- By May 1, 2003, an expert panel will identify a variety of valid mental health screening tools that could be used by collaborating partner systems.
- By July 1, 2003, key partner system personnel will be identified and educated about the available screening tools identified by the expert panel.
- By November 1, 2003, each partner system will have selected one or more screening tools to address specific targeted population needs.
- By May 2004, key screening staff in each partner system will have been offered at least one training opportunity to increase their awareness about mental health screening and the prevalence of mental disorders in specific populations served.
- By May 2004, the Mental Health Workgroup will obtain feedback on the viability of mental health screening in each partner system.

Referrals

- By June 2003, key personnel in each partner system will be familiar with referral sources for adults/children who may be in need of mental health assessment or treatment.
- By July 2003, each partner system will identify needed changes in referral procedures.
- By December 2003, each partner system will complete a list of referral sources for adults/children who may be in need of mental health assessment or treatment.
- By December 2003, referral procedures will have been developed or modified, as necessary.

Wisconsin Department of Health and Family Services Contractors

- By July 2004, Wisconsin Department of Health and Family Services contractors will be informed and educated about new contract requirements for mental health screening. These will include: local health departments, tribes, primary health care providers, Medicaid providers (fee-for-service and Medicaid health maintenance organizations), agencies covered under the state/county contract, state grantee agencies.
- By July 2004, necessary changes will be made to administrative code to support required mental health screening (e.g., HFS 75).

Medium-term Outcome Objectives (2005-2007)

Budget/Policy

- By December 31, 2005, necessary statutory language changes or biennial budget items needed to implement universal and culturally competent mental health screening in educational, corrections and primary care settings will have been approved by the legislature.

Screening

- By February 2005, each partner system will be committed to using the selected screening tools and processes.
- By May 2005, each partner system will have adopted use of mental health screening as a formal policy/practice.
- By November 1, 2005, appropriate partner system staff will have been trained and will be knowledgeable and able to conduct mental health screenings.
- By December 31, 2006, 100% of individuals admitted to correctional facilities (jails, prisons and juvenile corrections) will be screened for mental disorders.
- By December 31, 2006, 100% of local health departments will have incorporated mental health screening into their routine procedures for health screening and assessment.
- By December 31, 2007, 100% of individuals entering social services will be screened for mental disorders.
- By December 31, 2007, 100% of individuals in identified programs for the elderly will be screened for mental disorders.

Referrals

- By November 1, 2005, all partner system professionals will have knowledge of referral sources and procedures pertinent to their system.
- By January 1, 2006, all partner system staff will utilize referral procedures when screening identifies possible presence of a mental disorder.

Professional Education/Training

- By September 2005, training on culturally competent mental health screening curriculum will be

included in professional school curricula.
- By June 2006, health career students will become knowledgeable about use of mental health screening tools.
- By June 2007, students will use mental health screening tools when they attain professional status.

Wisconsin Department of Health and Family Services Contractors
- By January 2005, individuals of all ages entering programs covered by identified state contracts will be screened for mental disorders.

Long-term Outcome Objectives (2008-2010)
- By December 31, 2008, 100% of primary care providers (physicians/clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment.
- By December 31, 2009, 100% of educational, child care and early childhood facilities will have incorporated mental health screening into their routine procedures for health screening and assessment.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*
- Designated state staff to guide and develop the process.
- Partner system representatives: individuals knowledgeable about key mental health issues and knowledgeable about screening processes in their systems and have authority to work towards the changes described in this document. These mental health priorities include: recovery-oriented services, culturally competent services, and trained professionals, and best practice services which eliminate stigma and recognize the importance of trauma and abuse.
- Fiscal support to develop and carry out the four mental health/mental disorders objectives
- Investment of time and fiscal support of existing staff/experts to develop and carry out trainings identified in the objective
- The time of all identified individuals to develop the partnerships that will be needed to achieve success
- Fiscal support for needed materials such as training materials and data collection.
- Distance learning technologies to communicate with partners, including consumers/families across the life span, representatives from diverse racial/ethnic groups and cultures
- Secure consultation, technical assistance, and resource support from all partner systems

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities:

- *General*
  - A mental health workgroup will be formed to oversee the implementation of all the Mental Health and Mental Disorders Subcommittee objectives.
  - The mental health workgroup will meet at least 4-6 times to develop a Partnership Plan and oversee its implementation. The partnership plan will identify how the partner systems will work together to achieve the objectives.

- *Screening*
  - An expert panel will be convened to identify a variety of valid screening tools for mental disorders that can be utilized by the partner systems.
  - The expert panel will have completed its work.
  - Each partner system will have identified key personnel for instituting change.
  - Pilot testing of preferred screening tools will occur in each partner system.
  - The results of the pilot testing will be evaluated.
  - Each partner system will identify its training needs to ensure that appropriate staff can administer screening tools.

- *Referrals*
  - Each partner system will have a list of referral sources appropriate for its population.
  - Each partner system will have developed or revised referral procedures.
  - Appropriate staff in each partner system will have been trained on referral procedures.

- *Professional Education/Training*
  - A number of professional schools will have planned to incorporate mental health screening into their curricula.

- *Wisconsin Department of Health and Family Services Contracts*
  - Contract language will be added to new Wisconsin Department of Health and Family Services contracts requiring mental health screening.

Participation/Reach:
The Mental Health Workgroup will include representatives from the following systems/organizations that include diverse racial/ethnic groups:

- Consumers/Family members across the lifespan
- Education
- Corrections - jails/prisons
- Health Care - health maintenance organizations, primary care
- Social Services
- Aging
- Child care and early childhood
- Local health departments
- Tribes
- Local mental health agencies and organizations
- County and other public organizations
- Wisconsin Department of Health and Family Services
- Legislature
- Statewide professional organizations (e.g., Wisconsin Health and Hospital Association, Wisconsin Primary Health Care Association, Wisconsin Nurses Association, Wisconsin Medical Society, Wisconsin Public Health Association)

Evaluation and Measurement

The four mental health objectives combined will lead to the long-term outcomes identified above. The following table identifies the various objectives and measures that will allow us to evaluate our achievements.

Outcome	Measure	Source
A healthier Wisconsin population	Add questions to Wisconsin's Family Health Survey to measure prevalence of mental disorder among children and adults Questions on mental health status	Family Health Survey-Department of Health and Family Services Behavioral Risk Factor Surveillance System
A more productive Wisconsin population	Add questions to Wisconsin's Family Health Survey to identify degree to which mental or emotional problems interfere with functioning	Family Health Survey-Department of Health and Family Services
Reduced suicides across the life span	Number and rate of suicides by age group Number of students in grades 9 through 12 who reported suicide attempts that required medical attention in the 12 months preceding the survey	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion
Improved family relationships or social connectedness	Survey questions Survey questions	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion National Health And Nutrition Examination Survey
Increased screening for mental health problems	Questions that have been added to the Wisconsin's Family Health Survey	Family Health Survey-Department of Health and Family Services
Increased access	Number of adults aged 18 years and older who report symptoms of depression and who report that they received help from a mental health professional divided by number of adults aged 18 years and older who report symptoms of depression	*Healthy People 2010* measure--National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: Screening for mental disorders, with appropriate referrals, will increase the likelihood that persons will see not only mental health professionals but primary care physicians as well. This will occur because the mental health professionals may help individuals identify certain primary health care needs or prevention and early intervention as some individuals will go to their primary care physicians to receive medications to treat their mental disorders.

Alcohol and Other Substance Use and Addiction: Rates of co-occurance of mental disorders with alcohol and other substance abuse disorders are significant. Identification of a mental disorder will therefore also increase identification and referral of treatment for persons of all ages with alcohol and other drug abuse disorders under Wisconsin Administrative Rule HFS 75 (2001).

High Risk Sexual Behavior: High risk sexual behavior can occur in response to a unsatisfactory or traumatic life situation. Screening for mental disorders may identify individuals of all ages who are in such situations and provide for earlier intervention, screening and referral. This may lead to a reduction in adults/children engaging in high risk sexual behavior.

Intentional and Unintentional Injuries and Violence: Almost 600 people die from suicide each year in Wisconsin. Many others attempt, but do not complete, suicide. The state suicide rate is three times higher than its homicide rate. Increased screening should allow us to identify persons at risk for suicide and intervene before their mental health status deteriorates.

Social and Economic Factors that Influence Health: Persons with mental disorders have a higher mortality rate than the general population and are less likely to receive basic medical care. By identifying and treating mental disorders, general health can be improved.

Tobacco Use and Exposure: Persons with mental disorders have high rates of tobacco use. It is important to note that the same medications use to treat depression are often given to individuals trying to quit smoking. Screening, referral and treatment may positively influence tobacco use.

Integrated Electronic Data and Information Systems: Lack of reliable data about prevalence and outcomes of treatment for mental disorders makes it difficult to address mental health issues in many systems. Integrated data systems is a critical piece for systems change throughout the State DHFS and other partners who are working to evaluate outcomes and client population profiles.

Community Health Improvement Processes and Plans: Because of the huge impact of mental health and mental illness on society (as noted in the "rationale" section) any community health improvement must address screening, referral and treatment for mental disorders.

Sufficient, Competent Workforce: The short supply of trained mental health professionals, especially those specializing in children and older adults and those culturally competent to work with diverse racial/ethnic groups (e.g., Hispanic, Native American), is a system barrier to screen and identify potential mental disorders. Adequate referral sources do not exist. Wisconsin needs to evaluate workforce and population need for service gaps.

Equitable, Adequate, and Stable Financing: Financing is a major issue. Public systems are struggling to meet the needs of current clients and limits on private insurance coverage for mental disorders often

leaves individuals and their families with no way to pay for identified treatment needs. Identification of additional persons needing treatment will be futile if they are not able to then obtain access to treatment resources.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Screening for mental disorders in multiple systems enhances our ability to monitor health status and provide public input into this critical area.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Screening for mental disorders allows us to identify the presence of potential mental disorders in targeted populations of the community across the life span.

Promote community partnerships to identify and solve health problems: The process described in this objective will develop partnerships across systems that will benefit both systems. For instance, if schools can better identify children/youth with mental disorders and assist families and refer to treatment, then the schools can better fulfill their mission to educate.

Create policies and plans that support individual and community health efforts: Improved policies for screening and referral for mental disorders will support this mission, which values a family focused approach.

Link people to needed health services: This objective will improve access to treatment and improve health outcomes for individuals and communities.

Conduct research to seek new insights and innovative solutions to health problems: Mental health screening may assist with data to help us better understand the prevalence of persons with mental disorders in various systems.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

This objective for Mental Health connects with all three overarching goals.

Protect and promote health for all: Screening for and early identification of mental disorders will reduce the severity and impact of mental disorders on the population.

Eliminate health disparities: While screening and referral alone cannot reduce disparities in treatment for mental illness across sub-populations, it can serve to increase identification of potential mental disorders across sub-populations and educate all about the effectiveness of treatment.

Transform Wisconsin's public health system: The environment of the public health system makes it the ideal system to identify persons with mental disorders without the stigma that is attached to "mental health" services. By becoming more informed and competent in identification and referral, the public health system will meet (develop/actualize) its potential to reduce the devastating effect of mental disorders on <u>all</u> individuals and <u>all</u> communities.

Key Interventions and/or Strategies Planned:

- Mental Health Workgroup develops implementation plan and gets 'buy-in' from partner systems.
- Expert panel identifies valid and appropriate screening tools for review by partner systems.

- Partner systems identify tool they feel best fits their needs.
- Partner systems participate in field-testing and evaluation of screening tools.
- Partner systems evaluate their referral procedures and practices and make revisions, as needed.
- Staff from partner systems are trained on new screening tools and referral policies.
- Professional schools incorporate training on mental health screening into their curriculum.
- Department of Health and Family Services incorporates mental health screening and referral requirements into relevant contracts.

References:

1. Wisconsin Legislative Audit Bureau, *Legislative Audit Bureau Report 01-9,* May 2001.

2. Koegel, Paul, et al., "The Causes of Homelessness." *Homelessness in Americ.*, 1996, Oryx Press as reported in NCH Fact Sheet #5, prepared by the National Coalition for the Homeless.

3. Clark, Hewitt and Davis, Maryann. *Transition to Adulthood.* Brookes, 2000.

4. *Suicide in the United States.* Center for Disease Control and Prevention. www.cdc.gov/ncipc/factsheets/suifacts.htm, June 29, 2001.

5. Collaborative Family Healthcare Coalition, 1998, as cited in *Did You Know?* National Mental Health Association, 2001.

6. Danzinger, Sandra et al. *Barriers to the Employment of Welfare Recipients.* University of Michigan, Poverty Research and Training Center, revised Version, Feb. 2000. www.ssw.umich.edu/poverty/wesappam.pdf.

7. *Mental Health: A Report of the Surgeon General.* Department of Health and Human Services, U.S. Public Health Service.

8. Ibid, p. 160.

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